

AHCCCS fact sheet: Federal Emergency Services (FES)

Under the Social Security Act, Medicaid programs are required to provide emergency medical care to individuals who are otherwise eligible under one of the Title 19 categories but whose citizenship or alien status does not allow them to receive all the health care services offered by Medicaid. These individuals are primarily undocumented immigrants, or legal immigrants who have not been in this country for at least five years. After an emergency, These individuals can only be covered for services meeting the federal definition of an emergency. They cannot receive other health care services from AHCCCS.

WHO QUALIFIES

Recipients are qualified immigrants not meeting the five-year United States residency requirement for full services, and undocumented immigrants. They must meet all of the eligibility criteria for any of the other Medicaid categories except citizenship. They do not have to provide a Social Security Number.* This category is not available to the two new groups under Prop. 204: MED and AHCCCS Care.

Services are limited to emergency medical care as defined by federal law.

ELIGIBILITY

The Arizona Department of Economic Security determines eligibility for families with children and for pregnant women (under 1931 and SOBRA) and AHCCCS determines eligibility for the aged, blind and disabled (under SSI or related groups). A review of eligibility is conducted at least once in a six-month period. Applicants must provide proof of income, other insurance and payment for day care.

All applicants must be Arizona residents.

ENROLLMENT AND DEMOGRAPHICS

The current FES enrollment is 74,097, but most are not receiving any services. They carry a clearly marked emergency card from AHCCCS in case of an emergency. The 2004 enrollment growth rate was 16 percent, but it declined in the last two months of the year and is expected to be flat for SFY 2006.**

Most recipients are female (64.9 percent) and Hispanic (97 percent), and most live in Maricopa or Pima counties, with only 12.1 percent in the rural counties.

Some 34.4 percent are 18 years of age or younger; 64.9 percent are ages 19 through 64; and only 0.7 percent are age 65 or over. Half of all eligible recipients, or 52.9 percent, are between the ages of 22 and 39.

*As an example, a pregnant woman can qualify using the eligibility criteria for the SOBRA program, except for citizenship.

** Only a smaller percentage of the FES total membership will ever receive medical care, and this care will mostly be pregnancy deliveries. The eligibility requirements were changed in July 2002. Although only emergency services are covered, recipients are no longer required to have an emergency episode in order to be eligible to receive an AHCCCS emergency card ahead of time. This is the reason for the dramatic growth in this program.

BACKGROUND

While FES is a federal requirement for Medicaid programs, Arizona did not make full use of this category until July 1993. Until then, the AHCCCS program had a state-funded category called Medically Needy/Medically Indigent whose eligibility was determined by the counties. No proof of citizenship was required, only proof of residency. Consequently, undocumented or legal immigrants could receive full care from AHCCCS if they qualified through MN/MI. In 1994, state law was changed to require proof of citizenship for MN/MI, necessitating use of the FES category for emergency situations. Also created during that time was a State Emergency Services (SES) category, which was later eliminated.

FES coverage helps offset the costs incurred by hospitals, which under the Emergency Medical Treatment and Labor Act (EMTALA) must examine or treat anyone who comes to a hospital emergency area and requests examination or treatment for an emergency medical condition, regardless of the individual's ability to pay.

BUDGET

	SFY 2004 actual	SFY 2005 projected	SFY 2006 requested
Federal	\$ 80,846,400	\$ 94,644,800	\$ 105,542,900
State	\$ 34,307,200	\$ 45,773,800	\$ 51,107,300
Total	\$ 115,153,600	\$ 140,418,600	\$ 156,632,200

EXPENDITURES BY CLAIM FORM TYPE		10/1/02-9/30/03
Professional services	\$ 30,161,238	27.9%
Pharmacy	\$ 10,889	0.0%
Dental services	\$ 1,905	0.0%
Inpatient services	\$ 69,126,589	63.8%
Outpatient hospital services	\$ 8,987,343	8.3%
Long term care services	\$ 0	0.0%
Total:	\$ 108,287,964	100%

VALUE OF SERVING POPULATION

Serving this population helps avoid uncompensated care costs primarily in hospital emergency rooms. Over a one-year period, from October 2002 to September 2003, AHCCCS paid \$78.1 million to hospitals and other in-patient settings for both in-patient and out-patient services. An additional \$30.2 million was paid out for professional care. Without these payments, hospitals would have been burdened with much of this expense as uncompensated care.

Covering this population also helps low-income individuals and families avert potentially serious health care situations, and possibly death.